Marielle Matthews Nyla Ruiz Racism as a Public Health Emergency

Let's be clear:

"The history of public health is a complicated story of science and colonial, post-slavery social systems where good faith policy narratives implicitly and/or explicitly put into practice violent systems of restrictive health access that perpetuate inequity."

What's happened in the last year

July 2020 – Declaration of racism as a public health emergency February 2021

- hiring of public health equity manager

February – August 2021 – course setting

understanding community, stakeholders, interst, capacity

July 2021 – hiring of health equity engagement manager









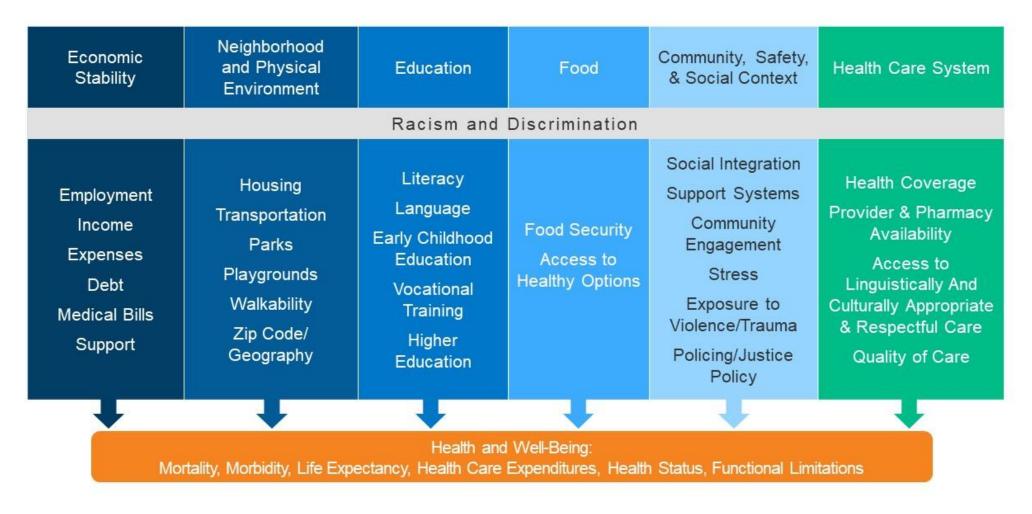






November 2020 – creation of public health equity manager position February – June 2021 – focus on equitable vaccination roll out March 2021 – creation of health equity engagement manager position

Social Determinants of Health



A holistic approach

"SDoE [Social/structural determinants of equity] challenge the current distribution of SDoH by addressing factors that determine the range of contexts observed in each place and time and the distribution of populations in those contexts. SDoE focuses on structural or root causes, recognizing that addressing health disparities requires a holistic perspective; authentic processes in mitigating inequity require addressing the unequal allocation of power and resources"

Table 1. Mapping the Metrics of Systemic Racism onto Social Determinants of Health and Health Impacts

Policy Sector	Relevant Policy	Metrics	Social Determinants of Health	Health Impact
Housing	Redlining ^{32,34} Homestead Act ³³	Index of dissimilarity: proportion of Blacks or Whites who would have to move out of their neighborhood to achieve an even distribution, or complete integration ³²	Lower quality housing and schools 106 Food deserts 107 Environmental racism 108	Reduced access to health services ¹⁰⁹ Segregated hospitals with lower quality of care ¹⁰⁸ Primary care shortage ¹⁰⁸ Decreased utilization of services ¹¹⁰ Shortened life expectancy ¹¹¹ Higher risk of COVID-19 ¹¹²
		Isolation: degree to which Blacks have potential contact with non-Blacks ³²		
Criminal Legal	War on Drugs ¹¹³ Policing ¹¹³ Mass incarceration Sentencing disparities Mandatory minimums	Proportions of Blacks to Whites who were 35,38: incarcerated disenfranchised felons on death row	Generational poverty Single-parent households	Black-White gaps in depressive symptoms ³⁹ Adverse childhood experiences (ACEs) ¹¹⁴ Elevated mortality risk ¹¹⁵ Higher community-level incidence of HIV ¹¹⁵ Decreased utilization of health care ¹¹⁶

Policy Sector	Relevant Policy	Metrics	Social Determinants of Health	Health Impact
Voting	Voter Suppression Laws, including 36,37: government-issued photo ID requirements citizenship laws elimination of same-day voter registration reductions of early and absentee voting days restrictions on restoration of voting rights for felons gerrymandering voter purging	Proportions of Blacks to Whites who ³⁸ : were registered to vote actually voted were elected to the state legislature	Social isolation ¹¹⁷ Limited social capital ¹¹⁷ Lower levels of education attainment ¹¹⁷ Lower income ¹¹⁷	Lower self-rated health ¹¹⁸ Worsened psychological health tied to increased allostatic load ¹¹⁹ Reduced life expectancy ¹²⁰

Vermont Prevention Framework

Policies and Systems

Local, state, and federal policies and laws, economic and cultural influences, media

Community

Physical, social and cultural environment

Organizations

Schools, worksites, faith-based organizations, etc.

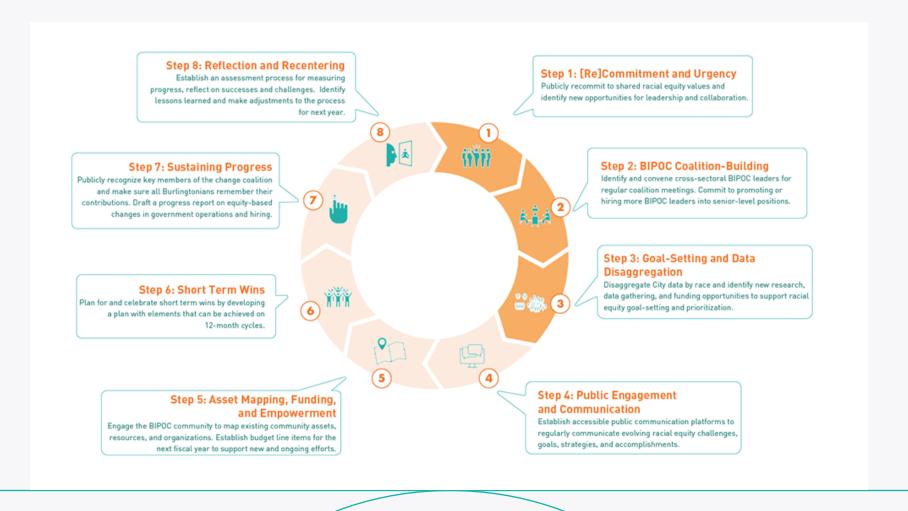
Relationships

Family, peers, social networks

Individual

Knowledge, attitudes, beliefs

Strategic Planning Process



Strategic Plan Goals for Health as a Racial Equity Domain

- 1. Increase in access to food and resources
- 2. Increase in BIPOC representation in the healthcare system
- 3. Support public health of BIPOC communities and cultures
- 4. Increase diversity education for children and adults

Community Engagement Goals

- 1. Create and sustain a culture that demonstrates commitment to equitable and inclusive community engagement by dedicating resources (space, time, money) to support the work.
- 2. Listen authentically and create avenues for meaningful collaboration with Burlington BIPOC residents.
- 3. Assure a shared decision-making process with communities who are affected most by health inequities (i.e., the BIPOC community).
- 4. Strengthen community relationships by enhancing communication, collaboration, and coordination between REIB, Vermont public health leaders and local BIPOC organizations.

What do you need from City Council?

- Public Health Funding
 - Community Advisory Board
 - Community Engagement and Outreach
 - Intervention Planning, Implementation, and Evaluation

Contact Us

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